Autism Queensland

Response to Productivity Commission Report on
Childcare and Childhood Early Learning

Autism Queensland would like to thank the Productivity Commission for providing the opportunity to comment on the *Draft Report on Childcare and Childhood Early Learning*. Please see our response below to requests for further information in relation to the specific needs of children with autism spectrum disorder (ASD) and their families.

- **What types of services (not the responsibility of the NDIS) should be provided for children with a disability attending ECECs, and how should we prioritise available funding?**

Individualised support through the Special Early Care and Learning Subsidy Scheme
As children with ASD have already been assessed and diagnosed as having significant special needs in the areas of social and communication impairment, and inflexible, restricted and repetitive patterns of behaviour (American Psychiatric Association, 2014), they should all be eligible for a *Special Early Care and Learning Subsidy*. Additional assessments of already diagnosed children to determine 'eligibility' for support through the SECLS should not be implemented. In the experience of Autism Queensland staff, additional developmental assessments to determine eligibility for services tend to be a "blunt instrument" in determining needs for intervention. Developmental assessments often under-estimate issues such as challenging behaviours that can significantly impact on the capacity of these children to be successfully included in early childhood and school. Additional developmental assessments also expend valuable financial resources that would be better spent on the provision of support for these children.

Children with ASD (including those without an intellectual impairment) have a disability that is permanent and that may substantially reduce their future school participation. For example, the Australian Bureau of Statistics (2009) found 82% of

children with ASD to be 'having difficulty' at school, principally in the areas of learning, communicating and social integration. They are over six times more likely to underachieve academically and demonstrate significantly more emotional and behavioural difficulties than their typically developing peers (Ashburner *et al.*, 2010). Batten (2005) found that in the UK, 21% of students with ASD had been excluded at some time, most commonly because the school could not cope with their difficulties. However with appropriate support in early childhood centres, they can be prepared for a successful transition to school. Evidence has demonstrated that intervention for children with ASD implemented at an early age generates optimum outcomes (Rogers & Vismara, 2008).

Children with ASD have great difficulty generalising skills learned in one setting to another (e.g., using communication skills learned at a specialised centre-based service in a mainstream ECEC). Consequently, the support provided in an ECEC needs to be carefully coordinated with supports from NDIS funded services and specialised centre-based services for students with disabilities, so that expectations and supports for the child are as similar as possible across all settings. It is also vital that staff in ECECs are appropriately trained in approaches to support the inclusion of children with ASD.

Where NDIS services and specialised centre-based services for students with disabilities focus on individualised programs for children with ASD, the ECEC have important roles to play in: (a) providing opportunities for children with ASD to interact with and learn from typically developing children, (b) facilitation of inclusion of children with ASD in group programs in preparation for school, (c) identification of school readiness needs and development of school readiness skills as part of a well-planned transition process, and (d) generalization of skills that have been the focus of NDIS services and specialised centre-based services (e.g., social, communication and play skills, and specific self-care skills such as independent toileting).

There are also many children with ASD for whom attendance at a mainstream ECEC is the only service that they receive. For example, in many rural and remote

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locations, there may not be any geographically accessible specialist centre-based services for children with disabilities. Specialist services may also be unavailable to some families because of waiting list issues. Furthermore, children with ASD are commonly not diagnosed until well into their kindergarten year, as their disability may not become apparent until they are placed in an early childhood centre with increased social demands. The diagnosis may therefore be made too late for them to be enrolled in specialist early intervention services, prior to starting school. Some children with ASD may also not be appropriately placed in specialised centre-based services, because they may cater primarily for children with more significant intellectual impairment. In all of these instances, the early intervention support needed to develop the skills of these children becomes the primary responsibility of the mainstream ECEC. Highly individualised supports provided through the *Special Early Care and Learning Subsidy* are essential to fulfil this role.

In some instances, children with ASD may not have access to either specialist centre-based services for children with disabilities or ECEC. This is particularly likely to be the case for children in remote geographical locations. In these cases, families may need support to access the *Inclusion Support Program* for a home-based care program or Family Day Care Program.

Support through the Inclusion Support Program
Access to the *Inclusion Support Program* is also important for children with ASD, particularly in relation to the need for ASD-specific capacity building and training of ECEC staff. A key recommendation of the best practice guidelines for early intervention for children with ASD commissioned by the Australian government was that teachers and child-care personnel should be specifically trained in working with children with ASD in order to ensure that they have the knowledge and skills necessary to work with these children (Prior & Roberts, 2006). ASD-specific staff training of teachers (Hinton, Sofronoff & Sheffield, 2008; Hsien, Brown & Bortoli, 2009; LeBlanc, Richardson & Burns, 2009; Syriopoulou-Delli, Cassimos, Tripsianis & Polychronopoulou, 2012) have consistently been found to lead to improvements in service provision for children with ASD, and is therefore considered an essential

component of effective programs for these children. Community childcare providers also have an important role to play in the early detection of ASD (Branson, Vigil & Bingham, 2008), but to do so they require training in the early signs of autism in infants and toddlers. Giangreco and Broer (2005) highlights the importance of training teachers, rather than being overly reliant on teacher aides to provide the bulk support for students with ASD. Excessive reliance on the services of teacher aides results in the least qualified personnel supporting the children who have the most difficulty learning, and can have detrimental effects on children with special needs (e.g., excessive dependence on the teacher aide, stigmatization, interference with peer interactions, and reduced teacher involvement). Autism-specific coaching has been found to be especially beneficial for education teams working in early childhood settings (Wilson, Dykstra, Watson, Boyd & Crais, 2012). Autism Queensland therefore recommends that priority should be given to funding of:

- o *Individualised consultations*: Support by multi-disciplinary teams (e.g., speech language pathologists, occupational therapists, psychologists and special education teachers) from autism-specific organisations to provide consultation in regard to the specific needs of individual children with ASD in inclusive early childhood settings such as child care centre.
- o *Team supports:* Support by autism-specific organisations to work with staff in childcare and other early childhood learning centres to include children with ASD in their programs (e.g., coaching, co-teaching, and reframing the ECEC staff members' understanding of children with ASD).
- o *Systems supports*: Autism-specific organisations to provide professional development (including face to face workshops and on-line courses) to ECEC staff on recognizing the signs of ASD, understanding and working with children with ASD, and providing resources to support their programs.

Prioritisation of funding

Children for whom safety issues are a concern are likely to require additional individualised supervision. Some children with ASD have challenging behaviours or a lack of understanding of safety concerns that have the potential to place them at

risk. In some cases, other children or ECEC staff members may also be placed at risk. Safety concerns may include climbing, wandering or absconding, eating potentially harmful non-food substances or objects, self-injurious behaviours such as head-banging or skin-picking, or injuring other children or staff members. Support of these children is a high priority.

While all children with ASD should be eligible for a *Special Early Care and Learning Subsidy*, additional support may be required for children with ASD who are unable to access specialist centre-based services for children with disabilities, because of barriers including geographical accessibility or waiting lists, as described earlier.

- **What are the range of needs and the costs of meeting these needs for children of different ages and according to the nature and extent of their disability?**

  Children with ASD of all ages are likely to have significant needs in the following areas:

  - *Development of social, communication and play skills*
    Children with ASD who are placed in Australian inclusive child care centres have been found to interact with other children less frequently and to be less engaged in play than other children, including children with other disabilities (Kemp, Kishida, Carter, & Sweller, 2013). The social difficulties of children with ASD often lead to impoverished play opportunities, which ultimately leads to reduced learning opportunities. Research suggests, however, that this cycle of reduced engagement in play can be broken through direct teaching and the facilitation of social play by appropriately skilled staff (Jordan, 2003, Kemp et al., 2013). In a recent review of early intervention for children with ASD commissioned by the Australian Government, inclusion of children with ASD in programs with typically developing children was identified as a key element of effective intervention (Prior, Roberts, Rodger & Williams, 2011). In order to capitalise on these critical early childhood opportunities for children with ASD to interact with and learn from other

children, there is an urgent need for staff to be trained in ways to facilitate peer interaction of children with ASD (Jordan, 2003, Kemp et al., 2013).

The costs associated with the development of social, communication and play skills relate to staff training costs and costs of one-on-one support for children with ASD who have great difficulty engaging with other children.

- o *Challenges in self-regulation of behavior*
  Effective positive behaviour support programs in ECECs are essential to prevent ongoing behavioural challenges that are likely to interfere with successful inclusion in ECEC and later at school. An additional key recommendation of the best practice guidelines for early intervention for children with ASD commissioned by the Australian Government (Prior & Roberts, 2006) is for the management of challenging behaviour using a *Positive Behaviour Support* approach (Buschbacher & Fox, 2003). This involves systematic data collection to gain a better understanding of the purpose and possible communicative intent of behaviours and teaching of positive behaviours as an alternative to challenging behaviours.

  Additional costs associated with the management of challenging behaviours relate to staff training costs and the costs of one-on-one support for children, especially where the behaviour poses risks to the child with ASD or other children. There may also be additional equipment costs associated with safety concerns, such as the cost of child-proof fences and gates, alarms on doors and windows, child-proof catches on cupboards, unbreakable glass, and personal tracking devices for children (Amaze, 2012). Costs may also be associated with providing support to other children in understanding the behaviour of the child with ASD. In some cases, the cost of consultation with an intensive behaviour support team may be warranted to prevent ongoing issues.

Children with ASD who are within one year of commencing school require the following additional support:

- ○ *Support for transitioning to school*

  Life transitions such as commencing school can be especially anxiety provoking for children with ASD because of their behavioural rigidity and difficulty accommodating change (Forest, Horner, Lewis-Palmer & Todd, 2004). Comprehensive transition planning is recommended to ensure that students with ASD, their families, educators and schools are prepared to successfully navigate this transition. Transition plans aim to enhance the predictability and ensure generalisation of skills in the new school environment. Facilitation of transition to school needs to be meticulously planned and takes **at least one year** including: (a) identification of type of school placement, (b) identification of related services such as therapy or special education support, and the roles and responsibilities of team members, (c) identification and development of school readiness skills, (e) identification of a transition contact person, (f) visits to placement options by parents and early childhood centre teacher, (g) visits to the ECEC by the receiving teacher to observe and gather information, (h) visits by the child to the school classroom, (i) identification and creation of curriculum and materials specific to the child's needs, (j) preparation of the physical environment at school (k) coordination of related services (Forest et al., 2004).

  Additional costs related to transition planning include additional staff time and the costs of one-on-one support for the child with ASD and family.

Children with ASD in rural and remote areas may benefit from the following support:

- Autism Queensland has explored the advantages and disadvantages of using remote technologies to provide early intervention support for children who live in rural and remote locations (the National Disability Insurance Agency who commissioned a study on this topic in 2013). Local teachers from rural mainstream ECECs involved in this study reported on the substantial benefits of receiving on-going professional support and guidance from ASD specialists via remote technology. Remote technologies therefore proved to be an effective means of building the capacity of local services in rural areas to accommodate the needs of young children with ASD and their families. All participants were of the view however, that remote technology could not completely replace face-to-face contact with clinicians. Initial face-to-face contact was seen by local service providers as essential for building trust and rapport. They also considered it important for the ASD-specialist to visit and observe the child in his or her local environment. Autism Queensland therefore recommends that remote technologies be used to extend face-to-face specialist support to children with ASD in rural and remote ECECs.

  On average, the cost of using remote technologies to extend an early intervention service for children who live in rural and remote locations was found to be 27.7% of the cost of an individual face-to-face early intervention program and 62.5% of the cost of providing a face-to-face program for multiple children in a rural area (Autism Queensland often provides early intervention services to multiple children during a visit to a rural area, but there are often delays in scheduling these visits, as they need to be requested by a number of families from the same area).

- **What is the best way to allocate a fixed funding pool to support access to ECEC by children with additional needs and to deliver the greatest community benefit? This includes consideration of the best option for allocating the**

Special Early Care and Learning Subsidy payments for children with disability to ensure that the program enables as many children with disability as possible to access mainstream ECEC services.

- o The greatest community benefit is likely to be gained through good quality training of ECEC staff, so that they are equipped to accommodate future enrolments of children with ASD.

- o Autism Queensland supports the proposed funding model as outlined on page 547 of the Draft Productivity Commission Report on Childcare and Childhood Early Learning**,** which states that '*to be eligible for ISP and for children to receive SECLS the provider must meet minimum quality standards'* for the additional services. The use of accreditation standards such as the UK National Autistic Society's Autism Accreditation Program (2014) is recommended. In order to achieve accreditation against the National Autism Society's Autism Accreditation criteria, an organisation must provide evidence that:

    - it has a specialised knowledge and understanding of autism
    - the knowledge and understanding of autism consistently informs the organisation, the resources and management of the organisation
    - the knowledge and understanding of autism consistently informs the assessment and support plan for people who use the service
    - the knowledge and understanding of autism consistently informs all aspects of practice.

What is the nature of the barriers faced by families with children with additional needs in accessing appropriate ECEC services?

In the experience of Autism Queensland staff, the barriers experienced by parents of children with ASD in accessing ECECs include the following:

- Unwillingness of the ECEC to enroll the child on the grounds that they do not have the resources to support children with ASD, for example, adequate staffing, adequate fencing, etc.

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- Exclusion of the child on the grounds that they do not have the resources to support children with ASD, most often where there are significant behavior and/or safety concerns
- Lack of specialist facilities and training of staff to accommodate the child
- Waiting lists of ECECs
- The parent's lack of confidence that the ECEC has the capacity to successfully include their child with ASD
- Resistance by parents of typically developing children to inclusion of their child with ASD
- A focus by ECEC staff on their child's negative attributes and challenges
- Reluctance of some ECEC's to complete the paperwork required to access additional support for the child with ASD as this is seen to add to an already large workload
- Some parents have been asked to contribute to the costs of employing additional support staff as the current funding does not fully cover the costs

Thanks again for providing the opportunity to comment on this important issue for young children and their families. If further information or clarification is required on any of the points raised in this submission, please do not hesitate to contact Autism Queensland.

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